

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>06/2741032</i>	FILING DATE				
							APPLICANT(S)					
CLAIMS							*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	/						55					
6	/						56					
7	/						57					
8	7						58					
9	7						59					
10	7						60					
11	7						61					
12	/						62					
13	/						63					
14	/						64					
15	/						65					
16	/						66					
17	/						67					
18	/						68					
19	/						69					
20	/						70					
21	/						71					
22	/						72					
23	/						73					
24	/						74					
25	/						75					
26	14						76					
27	9						77					
28	/						78					
29	/						79					
30	/						80					
31	/						81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
<b>TOTAL IND.</b>	<b>13</b>						<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>	<b>63</b>						<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>	<b>76</b>						<b>TOTAL CLAIMS</b>					